



Credit Application

P.O. Box 916
 Topeka, KS 66601
 (P) 785 233-7411
 (F) 785 233-5276
 donna@salisburyco.com

PRIMARY INFORMATION:

| | | | |
|----------------------------|--|-------------------------------------|----------------------------------|
| Applicant's Business Name: | | Phone: | Fax: |
| Billing Address | City, State | | Zip |
| Shipping Address | City, State | | Zip |
| Type of Business | Accounts Payable Contact | Statement Required Y/N | Do you prefer your invoices: |
| | E-mail Address | PO Number Required Y/N | Faxed ___ Emailed ___ Mailed ___ |
| Date Business Started | Tax Exempt Y/N | Partnership _____ Corporation _____ | Fed ID # |
| County | If YES enclose exempt certificate | Sole Owner _____ | State of Corp. _____ |

PRINCIPLE INFORMATION: Required to Process Application

| | | |
|------------------|-------|------|
| Principal's Name | Title | S/S# |
| Principal's Name | Title | S/S# |

CREDIT REFERENCES: Please List Three

| | | |
|---------|-------------|-----|
| 1. Name | Phone | Fax |
| Address | City, State | Zip |
| 2. Name | Phone | Fax |
| Address | City, State | Zip |
| 2. Name | Phone | Fax |
| Address | City, State | Zip |

Applicant hereby authorizes above references to release all information relative to our credit arrangements to Salisbury supply Co., Inc.,
 114 SE Quincy St. Topeka, KS 66603

TERMS AND CONDITIONS: **Must be signed and dated for application to be accepted**

The above information is for the purpose of obtaining commercial credit only and is warranted to be true. I/we hereby authorize Salisbury Supply Co., Inc., to investigate all references and customary credit information sources regarding my/our credit & financial responsibility. All goods invoiced to Applicant by Salisbury Supply Co., Inc., shall be sold in reliance upon the information contained on this document. Application attests to financial responsibility, ability and willingness to pay the invoices in accordance with the company's terms and conditions in net 30 days from date of invoice, 1 1/2% per month service charge on past due balances.
 I/We Sign this credit application on behalf of applicant, and as an individual(s) personally guarantee payment of all present and further indebtedness including any collection cost incurred by Salisbury Supply Co., Inc.,

| | | |
|-------------------|------|-----------|
| 1st Officer PRINT | Date | Signature |
| 2nd Officer PRINT | Date | Signature |

OFFICE USE ONLY:

| | | | |
|--------------|----------------|---------------|-----------|
| Approved by: | Approval Date: | Credit Limit: | Salesman: |
|--------------|----------------|---------------|-----------|